



Your business
is our business.

REDACTED – FOR PUBLIC INSPECTION

DOCKET FILE COPY ORIGINAL

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

October 11, 2013

ACCEPTED/FILED

OCT 21 2013

Federal Communications Commission
Office of the Secretary

By Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Mount Horeb Telephone Company
Study Area Code 330916**

Dear Ms. Dortch:

On behalf of Mount Horeb Telephone Company "Mount Horeb", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Mount Horeb seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 0+3
LIST ABOVE

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

Echelon Building II, Suite 200
9430 Research Blvd., Austin, TX 78759
phone: 512-338-0473, fax: 512-346-0822

Eagandale Corporate Center, Suite 310
1380 Corporate Center Curve, Eagan, MN 55121
phone: 651-452-2660, fax: 651-452-1909

6849 Peachtree Dunwoody Road
Bldg. B-3, Suite 200, Atlanta, GA 30328
phone: 770-569-2105, fax: 770-410-1608

547 South Oakview Lane
Bountiful, UT 84010
phone: 801-294-4576, fax: 801-294-512

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	330916
<015> Study Area Name	MOUNT HOREB TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	John Klarer
<035> Contact Telephone Number: Number of the person identified in data line <030>	6084375551
<039> Contact Email Address: Email of the person identified in data line <030>	john.klarer@mhtcinc.com

ACCEPTED/FILED

JUL 21 2013

Federal Communications Commission
Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0			
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 330916w1510	(attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 330916w1610	(attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)		<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code

330916

<015> Study Area Name

MOUNT HORRE TEL CO

<020> Program Year

2014

<030> Contact Name - Person USAC should contact regarding this data

John Klarer

<035> Contact Telephone Number - Number of person identified in data line <030>

6084375551

<039> Contact Email Address - Email Address of person identified in data line <030>

john.klarer@mtcinc.com

<110> Has your company received its ETC certification from the FCC?

(yes / no) ☒ ☐

<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?

(yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

330916

See attached worksheet --

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2013	
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<701>	Residential Local Service Charge Effective Date
<702>	Single State-wide Residential Local Service Charge

[illegible]

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330916
<015>	Study Area Name	MOUNT HOREB TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	John Klarer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6084375551
<039>	Contact Email Address - Email Address of person identified in data line <030>	john.klarer@mhtcinc.com
<810>	Reporting Carrier	Mount Horeb Telephone Company
<811>	Holding Company	
<812>	Operating Company	

[illegible]

(900) Tribal Lands Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986 / OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330916
<015>	Study Area Name	MOUNT HOREB TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	John Klarer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6084375551
<039>	Contact Email Address - Email Address of person identified in data line <030>	john.klarer@mhtcinc.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select (Yes, No, NA)	
	<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
	<922> Feasibility and sustainability planning;
	<923> Marketing services in a culturally sensitive manner;
	<924> Compliance with Rights of way processes
	<925> Compliance with Land Use permitting requirements
	<926> Compliance with Facilities Siting rules
	<927> Compliance with Environmental Review processes
	<928> Compliance with Cultural Preservation review processes
	<929> Compliance with Tribal Business and Licensing requirements.

Name of Attached Document (.pdf)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330916
<015>	Study Area Name	MOUNT HOREB TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	John Klarer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6084375551
<039>	Contact Email Address - Email Address of person identified in data line <030>	john.klarer@mtcinc.com

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986 / OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	330916
<015>	Study Area Name	MOUNT HOREB TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	John Klarer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6084375551
<039>	Contact Email Address - Email Address of person identified in data line <030>	john.klarer@mtcinc.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	330916w1210
<1220>	Link to Public Website	HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support; carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0965/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330916
<015>	Study Area Name	MOUNT HOREB TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	John Klarer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6084375551
<039>	Contact Email Address - Email Address of person identified in data line <030>	john.klarer@mtcinc.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012>	2013 Frozen Support Certification
<2013>	2014 Frozen Support Certification
<2014>	2015 Frozen Support Certification
<2015>	2016 and future Frozen Support Certification

<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband
--------	--

Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2017>	3rd year Broadband Service Certification
<2018>	5th year Broadband Service Certification
<2019>	Interim Progress Certification
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Interim Progress Community Anchor Institutions

REDACTED - FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FD-302 Form 481
OMB Control No. 3060-0086/OMB Control No. 3060-0019
July 2013

<010> Study Area Code 330916
<015> Study Area Name MOUNT HORRE TEL CO
<020> Program Year 2014
<030> Contact Name - Person USAC should contact regarding this data John Klarer
<035> Contact Telephone Number - Number of person identified in data line <030> 6084375551
<039> Contact Email Address - Email Address of person identified in data line <030> john.klarer@mtcinc.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

	Name of Attached Document Listing Required Information	
(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input type="checkbox"/>
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) if yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3015) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3016) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>
(3017) If the response is no on line 3014, Is your company audited?		<input checked="" type="checkbox"/> (Yes/No)
(3018) If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
(3019) Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3020) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3021) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3022) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3023) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3024) Attach the worksheet listing required information		<input type="checkbox"/>
(3025) Name of Attached Document Listing Required Information		330916w13026
(3026)		

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	330916
<015> Study Area Name	MOUNT HOREB TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	John Klarer
<035> Contact Telephone Number - Number of person identified in data line <030>	6084375551
<039> Contact Email Address - Email Address of person identified in data line <030>	john.klarer@mhtcinc.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	330916
<015> Study Area Name	MOUNT HOREB TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	John Klarer
<035> Contact Telephone Number - Number of person identified in data line <030>	6084375551
<039> Contact Email Address - Email Address of person identified in data line <030>	john.klarer@mhtcinc.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc.
Name of Reporting Carrier:	MOUNT HOREB TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	John Klarer
Title or position of Authorized Officer:	Secretary / General Manager
Telephone number of Authorized Officer:	608-437-5551
Study Area Code of Reporting Carrier:	330916 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	MOUNT HOREB TEL CO
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Cassandra Heyne
Title or position of Authorized Agent or Employee of Agent:	Senior Analyst
Telephone number of Authorized Agent or Employee of Agent:	3014597590
Study Area Code of Reporting Carrier:	330916 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Mount Horeb Telephone Company's Demonstration of Compliance with Applicable Service Quality Standards and Consumer Protection Rules:

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."² The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."⁴

Mount Horeb Telephone Company ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of Wisconsin Public Service Commission (PSC 165.032) which disclose rates, terms and conditions of service to customers; (2) adherence to state consumer protection requirements governing telephone providers which include customer billing requirements (PSC 165.05), written notice of service

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

⁴ *Id.* at n. 72.

discontinuation (PSC 165.052(6)), offering of a deferred payment agreement for residential customers (PSC 165.052), full and prompt investigations of all types of customer complaints (PSC 165.053), compliance with billing and deposit dispute procedures (PSC 165.0535), and adherence to meeting or exceeding service quality standards for telecommunications providers (PSC 165.081); (3) truth-in-billing requirements; and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Mount Horeb Telephone Company's Demonstration of Ability to Function in Emergency Situations

The Company hereby certifies that it is able to function in emergency situations as set forth in §54.202(a)(2).¹ The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company adheres to state requirements that it makes reasonable provision to function in emergencies, and the Company trains its employees on the procedures to be followed in the event of an emergency in order to mitigate interruption or impairment of service (PSC 165.065). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup and generator backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all Central Office locations. They will continue to run as long as the Company has access to fuel.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

Exchange:	ALL
Section Number:	4
Sheet Number:	4
Amendment Number:	601

MOUNT HOREB TELEPHONE COMPANY

Utility Name

EXCHANGE ACCESS SERVICES

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline Service is a residence service offering that provides a discounted monthly rate to Customers who qualify for low income assistance programs as defined in s. PSC 160.02(8), Wis. Adm. Code.
2. Lifeline Service provides a monthly discount to eligible residence Customers that have a network access line (including Extended Area Service), touch-tone service, 911 Service (billed on the Customer's telephone bill), and the End User Common Line Charge (EUCL). If the Customer has measured service, 120 local calls are provided. Extended Community Calling (ECC) Service is not included in Lifeline Service.
3. Lifeline Service monthly rates for residence Customers are established according to s. PSC 160.062(1), (2) and (3), Wis. Adm. Code.

B. REGULATIONS

1. Lifeline Service is only available for residence Customers with a single line network access line.
2. Lifeline Service is not available to Customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the Customer is more than 60 years old.
3. Lifeline Service Customers must complete and remit any required query authorization forms requested by the Company or forfeit eligibility for Lifeline Service.

Applicable to Service Rendered on and after:	January 1, 2007	Date Issued
PSCW Authorization by Order No.:	3940-TI-103	Letter Date

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

Exchange:	ALL
Section Number:	4
Sheet Number:	5
Amendment Number:	601

MOUNT HOREB TELEPHONE COMPANY

Utility Name

EXCHANGE ACCESS SERVICES

LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

4. Eligibility for Lifeline Service must be verified by the Company by finding the Social Security Number and name of the listed Customer in active records of the Department of Workforce Development or the Wisconsin Department of Revenue.
5. Reconfirmation of Eligibility for Lifeline Service
 - a. Reconfirmation of eligibility for Lifeline Service will be done at least once each year.
 - b. If a Customer cannot reconfirm eligibility for Lifeline Service, eligibility will continue until the next bill date following failure to meet the eligibility requirements.
 - c. When the Low Income Household Energy Assistance Program is one of the Customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next December following the close of the heating season. At that time, if eligibility cannot be re-verified by the Company, Lifeline Service will be removed from the Customers bill.
 - d. When the Wisconsin Homestead Tax Credit is one of the Customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next June following the end of the tax year. At that time, if eligibility cannot be re-verified by the Company, Lifeline Service will be removed from the Customers bill.

Applicable to Service Rendered on and after: January 1, 2007

Date Issued

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Letter Date

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

Exchange:	ALL
Section Number:	4
Sheet Number:	6
Amendment Number:	611

MOUNT HOREB TELEPHONE COMPANY

Utility Name

EXCHANGE ACCESS SERVICES

LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

6. Lifeline Service will appear as a credit or rate reduction on the Customer's bill on the next bill date following the date the Customer applied for Lifeline Service. When the Customer's eligibility precedes the previous bill, credit will also be given on one month's prior bill.
7. A Lifeline Service Customer cannot be disconnected for the non-payment of toll charges.
8. If Call Blocking Service is available and the Customer has elected Call Blocking Service, a Service Deposit cannot be collected to establish Lifeline Service. If Call Blocking Service is not available, the Company may require a Service Deposit to establish Lifeline Service.
9. All long distance charges (toll charges) are the responsibility of the Customer.
10. Local Minutes of use are unlimited.

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iiApplicable to Service Rendered on and after: June 17,2013

Date Issued

PSCW Authorization by Order No.: 3940-TI-103

Letter Date

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

Exchange:	ALL
Section Number:	4
Sheet Number:	7
Amendment Number:	611

MOUNT HOREB TELEPHONE COMPANY

Utility Name

EXCHANGE ACCESS SERVICES

LIFELINE SERVICE (Cont'd)

C. RATES AND CHARGES

The applicable monthly rate for Lifeline Service is determined by the sum of the rates for the services specified in 1. following and applying a credit based on the sum of the credits as specified in 2. following.

1. Lifeline Service

Residence Network Access Line (including EAS) at the rate specified elsewhere in this tariff.

Touch Calling Service (if applicable) at the rate specified elsewhere in this tariff.

911 Service (if billed on the Customer's telephone number).

Subscriber Line Charge (SLC).

2. Lifeline Service Credits

Subscriber Line Charge (SLC) as specified in the NECA Tariff.

Federal Lifeline support credit as specified by the Federal Communications Commission (FCC) for Universal Service Support for Low-Income Consumers.

3. Lifeline Service Monthly Credit

The Lifeline Service monthly credit is \$9.25.

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Applicable to Service Rendered on and after: JUNE 17 2013

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ATTACHMENT - LINE 3017

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